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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/796,902	03/09/2004	Jun Li	11287.105001 AST100	1631
20786 KING & SPAL	7590 05/19/200 DING	9	EXAMINER	
1180 PEACHT	REE STREET , NE		FUBARA, BLESSING M	
ATLANTA, GA	A 30309-3321		ART UNIT PAPER NUMBER	
			1618	
			MAIL DATE	DELIVERY MODE
			05/19/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/796,902	LI ET AL.	
interview Summary	Examiner	Art Unit	
	BLESSING M. FUBARA	1618	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>BLESSING M. FUBARA</u> .	(3)		
(2) <u>Brent Nix (Attorney)</u> .	(4)		
Date of Interview: <u>06 May 2009</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	.]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>N/A</u> .			
Identification of prior art discussed: <u>N/A</u> .			
Agreement with respect to the claims f)⊠ was reached. g) was not reached. h) N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Application is abandoned</u>	<u>1</u> .	-	
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP ' DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
/Blessing M. Fubara/			
Examiner, Art Unit 1618			

Application No.

Applicant(s)